

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		AFFIDAVIT AFFIDAVIT		AFFIDAVIT AFFIDAVIT	
	CHD	DEP	CHD	DEP	CHD	DEP
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50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	4					

	AD FILED		AFFIDAVIT AFFIDAVIT		AFFIDAVIT AFFIDAVIT	
	CHD	DEP	CHD	DEP	CHD	DEP
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